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### **Pregnancy Basics**

#### **Summary**

Lasting approximately 40 weeks (280 days), pregnancy is the condition of carrying a developing **fetus** in the **uterus**. It is the result of a sperm fertilizing a woman's egg.

**Ovulation** is the release of an egg from the **ovaries**. Normally, women who have not yet undergone **menopause** will ovulate once a month. The egg then travels through the **fallopian tube** toward the uterus. When sperm reaches the egg, normally in the fallopian tube, **fertilization** occurs. The fertilized egg continues to move towards the uterus. Once within the uterus, it implants itself in the uterine wall and begins to develop into an **embryo**.

Pregnancy can cause a number of changes in a woman's body. Among the earliest changes that a woman may notice is the absence of **menstruation**. This is often one of the first signs of pregnancy. During early pregnancy, (the first three months or first **trimester**), a woman may also notice symptoms such as fatigue, nausea and vomiting (**morning sickness**), and enlarging breasts. Women who think they may be pregnant can verify their condition with a **pregnancy test**.

As pregnancy progresses to the second (weeks 13 to 24) and third trimesters (week 25 to delivery), a woman may experience a wide variety of additional symptoms, including an expanding abdomen, leg cramps, heartburn and hemorrhoids. These potential symptoms and changes occur because of the effects of pregnancy **hormones** as well as effects from the continuing fetal growth. By the end of the first trimester it is about 3 inches (76 millimeters) long and weighs about half an ounce (14 grams). By the end of the third trimester, the average fetus is about 20 inches (508 millimeters) long and weighs about 7 pounds (3 kilograms). Pregnancy ends with **labor and delivery**.



Physicians usually estimate the time a baby will be born (estimated due date [EDC]) by subtracting three months from the last menstrual period month and adding seven days to the last menstrual period day. This is approximately 40 weeks.

Although pregnancy can cause a number of symptoms and changes in a woman, there is no way to predict which symptoms a woman will experience. Each pregnancy is different, even subsequent pregnancies in the same woman. Women who experience discomforts associated with pregnancy should discuss them with their **obstetrician–gynecologist** (ObGyn). Physicians can recommend a number of safe and effective treatment methods for pregnancy–related discomfort. In addition, pregnant women should always discuss prescription and over–the–counter medications (e.g., antacids, decongestants) with their ObGyn before taking them.

## About pregnancy

Pregnancy is the condition of carrying a developing **fetus** in the **uterus**. The normal duration of pregnancy is about 40 weeks (280 days). These weeks are divided into three 3-month periods called **trimesters**. A trimester is a time frame grouping which is used to assess the normal development of the fetus, and each trimester is based on a period of between 12 to 14 weeks.

Each month, **hormones** from the pituitary gland in the brain stimulate a woman's **ovaries** to release an egg. This process, known as **ovulation**, usually occurs around the 14<sup>th</sup> day of a woman's **menstrual** cycle. Women cease ovulating after reaching **menopause**. After the egg is released, it travels down the **fallopian tube** toward the uterus. An egg survives for approximately 24 hours. When sperm, which can live in the reproductive tract for several days, meets up with and penetrates the egg, **fertilization** occurs. The fertilized egg (**zygote**) continues to travel through the fallopian tube until it reaches the uterus two to four days later. It then implants itself into the wall of the uterus and begins to develop.

In some cases, a fertilized egg may implant itself outside the uterus. Known as an **ectopic pregnancy**, this condition requires removal of the **embryo** (developing fertilized egg) in order to prevent rupture of the enlarging fallopian tube and the resulting severe bleeding. It is also possible for more than one egg to be fertilized, or for the fertilized egg to divide into identical but separate zygotes. These potential events result in a **multiple pregnancy**, the condition of carrying two or more fetuses.

As a woman's body begins to support the developing embryo, she will cease menstruating. This is commonly one of the first signs of pregnancy. A number of **pregnancy tests** are available to determine if a woman is pregnant. These include over-the-counter **urine tests** and **blood tests** performed through a physician's office.

Women who are pregnant will require regular health care visits with an **obstetrician–gynecologist** (ObGyn) or nurse–midwife throughout their pregnancy. Known as **prenatal care**, these visits consist of a number of tests and screenings, including assessments of blood pressure and maternal weight, and monitoring of changes in the uterus and the condition of the fetus. Women who choose to conceive can also consult the ObGyn before they get pregnant. Ways to maintain or improve health prior to and during pregnancy may be recommended at this time (e.g., **follic acid** supplements and vaccinations before pregnancy). These prenatal visits are important because they enable physicians to prevent **pregnancy complications** or to detect them early.

During the first prenatal visit, the ObGyn will determine the woman's due date (the date a baby is predicted to be born). An estimated due date is calculated by subtracting three months from and adding seven days to the last menstrual period date. It is approximately 40 weeks time. Also, measurement of the fundal height of the uterus and several types of **ultrasounds** measurements are used to determine the estimated due date. Ultrasound is the most accurate means in helping to assess the age of the developing fetus in early pregnancy.

Due dates, however, are just an estimate. According to the National Women's Health Information Center, only 5 percent of women **deliver** on their predicted due date. Some women deliver far ahead of their projected due date. However, **premature birth** (birth of an infant before 37 weeks of gestation) carries a high risk of complications for the newborn (e.g., respiratory problems, infections, developmental disabilities), as well as the risk of death.

Women may also continue pregnancy past their due dates. Pregnancies that extend beyond 42 weeks are known as post-term or prolonged pregnancies. According to the American Academy of Family Physicians, approximately 5 percent of pregnancies are post-term. When a pregnancy continues one week past a due date, a physician will usually begin to closely monitor the fetus through several additional types of surveillance tests. Once a woman is two weeks past her due date, many physicians recommend **induction of labor**.

Pregnancy causes a number of changes in a woman's body. In addition to a growing abdomen, women may experience a range of conditions, from fatigue and swelling to heartburn and hemorrhoids. Most changes, however, are temporary and disappear after delivery. There are also a number of treatments a woman can use to relieve these conditions during her pregnancy. Women should discuss possible treatment methods with their ObGyn, including over-the-counter medications (e.g., antacids, decongestants) and prescription drugs.

Women should be aware that each pregnancy is different. What was experienced by a woman during one pregnancy may not occur in subsequent pregnancies.

Other pregnancy-related topics of interest may include:

**Multiple Pregnancy**

**Pregnancy Tests**

**Prenatal Care**

**Pregnancy Complications**

**Premature Birth**

**Labor and Delivery**

**Birth Plan**

## **First trimester**

The first **trimester** of pregnancy consists of weeks zero (the woman's last **menstrual** period before **fertilization** occurred) to 12. During this time, a woman's body starts adjusting to the developing **embryo** and begins to provide it with nourishment. As a result, a range of conditions may occur, most of which will disappear or lessen as the pregnancy progresses. The most common changes and symptoms that may occur during the first trimester include:

- Vaginal bleeding. Women may experience **metrorrhagia** (spotting) early in the pregnancy. In fact, a small amount of bleeding is often one of the first signs of pregnancy. Light bleeding can occur when the fertilized egg implants in the wall of the **uterus**. Women experiencing heavy vaginal bleeding, or any bleeding after the first trimester, should contact their **obstetrician-gynecologist** (ObGyn) immediately.
- Tender and enlarged breasts. An increase in breast size is another early sign of pregnancy. Breasts usually become swollen and enlarged during early pregnancy as the result of increased levels of the **hormones progesterone** and **estrogen**. The breasts may continue to grow throughout pregnancy. Pregnancy may also cause the breasts to become more sensitive. Women may benefit from wearing a more supportive bra.
- Fatigue. Many women feel exhausted during the first trimester, regardless of how much sleep they are getting at night. This is the result of the body producing additional blood, releasing hormones and preparing to support the pregnancy. During this time women should rest as often as possible. Expectant mothers should try to get around eight hours of sleep a night and nap during the day. During the second trimester fatigue is generally replaced by feelings of increased energy, however, fatigue may return during the third trimester as the body carries the additional weight of the **fetus**.
- Sleeplessness. Most women have trouble sleeping at some point during their pregnancy. This may include difficulty falling asleep, waking up during the night and difficulty returning to sleep once awakened. During the first trimester, the same hormones responsible for fatigue can cause lack of sleep at night. Sleeplessness may also appear in the later stages of pregnancy, as an enlarged abdomen makes finding a comfortable sleeping position difficult. Feelings of anxiety and stress may also contribute.
- Nausea and vomiting. It is common to experience nausea and vomiting during the first trimester. Although this condition is often referred to as **morning sickness**, it can occur at any time of day. It is most likely the result of pregnancy hormones relaxing the stomach muscles. Women may benefit from eating frequent, small meals and drinking a lot of liquids. Nausea and vomiting usually disappear after the first trimester. Women who are vomiting a lot, or vomiting with pain or fever should immediately contact their ObGyn (see **Morning Sickness**).

- Frequent urination. Many women need to urinate more often during early pregnancy. This is the result of the uterus pressing on the bladder as it grows. This pressure may also cause a woman to leak urine while sneezing, coughing or laughing (**incontinence**). Women experiencing pain or burning during urination, and those who notice pus or blood in the urine, should contact their ObGyn. This may indicate a **urinary tract infection**.
- Constipation. Constipation may occur throughout pregnancy, but it is often worst in the first 13 to 14 weeks. A number of factors may contribute to constipation during pregnancy, including an increase in the hormone progesterone, which slows the digestive process. Additional pressure on the bowel and increased absorption of water by the colon may also be to blame. Additionally, the increased amount of required iron found in prenatal vitamins may contribute to the increase in constipation. Women may benefit from drinking eight to ten glasses of water each day and increasing their fiber intake. Pregnant women should contact their ObGyn when they experience constipation leading to more than two days between bowel movements.
- Headaches. Many women experience headaches during pregnancy, especially during the first and third trimesters. Although their cause is uncertain, headaches during early pregnancy are most likely due to changes in hormone levels and increases in blood volume and circulation. Headaches experienced during the third trimester may be the result of carrying extra weight. Women experiencing a severe persistent headache should contact their physician immediately, especially when dizziness, faintness, nausea or vomiting are also present.
- Mood swings. Pregnancy may cause extreme changes in mood in some women. Moods may range from excitement and happiness to irritation and depression. Mood swings may occur at any time during pregnancy but are common in the first trimester and in the weeks before delivery. They may be caused by hormonal changes, anxiety or discomfort. Women experiencing mood swings may benefit from eating fresh fruits and vegetables and whole grains, getting plenty of sleep, and using relaxation techniques such as meditation.
- Gas. The majority of pregnant women experience bloating and increased gas at some point during pregnancy. However, it is most common during the first trimester. This is due to hormones relaxing the muscles in the digestive tract. As a result, digestion is slowed and gas may build up. This often causes abdominal pain or discomfort, bloating, burping and passing gas.
- Acne. Elevated hormone levels can cause glands to secrete more oil. As a result, acne may develop or worsen. Some women, however, experience an improvement in their acne.

There are many developments of the fetus during early pregnancy, and by the end of the first trimester the fetus is about 3 inches (76 millimeters) long and weighs about half an ounce (14 grams). The eyes and ears move into their correct positions and the kidneys begin to secrete urine into the bladder. Although an expectant mother is unable to feel the baby move at this point, it does begin to move in response to pushing on the abdomen.

Major developments during the first trimester include:

Week 0

- The woman has her last period before egg fertilization occurs

Week 2

- Fertilization occurs

### Week 3

- The fertilized egg (**zygote**) implants in the wall of the uterus
- The amniotic sac (the membrane of fluid that surrounds the **embryo** throughout pregnancy) forms

### Week 5

- The neural tube (the area that will become the brain and spinal cord) begins to develop

### Week 6

- The heart and major blood vessels begin to develop
- A beating heart can be viewed during **ultrasound**

### Week 7

- The beginning of arms and legs emerge

### Week 9

- Bones and muscles are formed
- The skeleton is formed
- The face and neck develop
- The majority of organs are formed
- The fingers and toes are completely defined
- Brain waves are measurable

### Week 10

- The kidneys begin to function
- The fetus is able to move and respond to touch (when prodded through the woman's abdomen)

## Second trimester

The second **trimester** of pregnancy consists of weeks 13 to 24. Many women consider this trimester to be easier than the first. While many symptoms, such as nausea and fatigue, begin to disappear, a number of more evident changes will emerge. Common changes and symptoms of the second trimester include:

- Expanding abdomen. As pregnancy progresses, the **uterus** becomes heavier and expands to create room for the **fetus**. By the 12<sup>th</sup> week of pregnancy, the growing uterus may cause a woman's abdomen to slightly protrude. In addition, women may gain up to 4 pounds (1.8 kilograms) a month until the end of pregnancy. The uterus will continue to enlarge throughout pregnancy as the expectant mother gains weight and the fetus continues to grow. By the 20<sup>th</sup> week of pregnancy, the expanding uterus will extend to the level of the naval.
- Continued breast growth. As pregnancy progresses, the breasts begin to prepare for **breastfeeding**. **Estrogen** and **progesterone** stimulate the milk producing glands in the breasts to enlarge. A small amount of fat may also accumulate in the breasts. As a result, there may be as much as 1 pound (454 grams) of breast tissue, and the woman's bra size may increase up to two cup sizes.
- Tingling. Many woman experience tingling and numbness in the fingers during pregnancy. This is due to swelling of tissues in the narrow passages in the wrists. These sensations often disappear after **delivery**.



- Itchiness. Many women experience itchiness as their pregnancies progress. This is due to **hormones** and stretching skin in areas such as the abdomen. Some women also develop itchiness and redness on their palms and the soles of their feet. These symptoms usually vanish after delivery. Women may benefit from moisturizing and using soaps for sensitive skin. In addition, women should avoid taking hot showers or baths, which can cause dryness. Since heat rash can worsen itching, women should also avoid becoming overheated. Women experiencing itching in combination with nausea, vomiting, loss of appetite, jaundice (yellowing of the skin and eyes) or fatigue should contact their ObGyn immediately. This may be a sign of *cholestasis*, a condition that indicates a serious liver disorder.
- Nasal problems. During pregnancy, the lining of the nose and airway may swell as more blood flows to the mucus membranes. This can result in restricted airflow. In addition, hormones affect the tissues of the throat, mouth and nose. As a result, pregnant women may experience snoring, congestion and nosebleeds. Woman may benefit from drinking water, sleeping on their sides and using a cool mist humidifier in their bedroom. Although these conditions are typically harmless, women should contact their ObGyn when nosebleeds occur often or continue longer than a few minutes.
- Dizziness. A woman may experience dizziness, lightheadedness or fainting at any time during her pregnancy. However, these symptoms may be especially noticeable early in the second trimester. This is due to the additional blood heading toward the uterus and legs and the dilation of blood vessels in response to hormones. Occasional dizziness may occur until the volume of blood expands to fill the vessels. Women may benefit from avoiding prolonged standing, lying on their left side (to relieve pressure on blood vessels) and rising slowly after sitting or lying down. In addition, women should avoid sitting or standing in one position for an extended period of time.
- Leg and foot cramps. It is common for pregnant women to experience leg cramps during the second and third trimesters. Frequently occurring at night, these cramps may result from the pressure the uterus applies to the veins which return blood from the legs. Changes in circulation and stress on the leg muscles due to carrying additional weight may also be to blame. In addition, cramps may also be due to changes in the way the body metabolizes (processes) calcium. Women may benefit from stretching the affected muscle or walking, and consuming an adequate amount of calcium.
- **Vaginal discharge**. Pregnant women may produce a thin, white vaginal discharge (*leukorrhea*). Consisting of cells from the **vaginal** lining and normal vaginal moisture, this type of discharge is not a cause for concern although the amount may be greater than before pregnancy. Women, however, should contact their ObGyn if they produce a strong-smelling green or yellowish vaginal discharge or any vaginal discharge accompanied by redness, itching or irritation. These symptoms may indicate a vaginal infection.
- Bleeding gums. The increased blood circulation experienced during pregnancy can cause the gums to soften. As a result, a woman may have minor bleeding when she brushes her teeth or flosses. Pregnant women may benefit from flossing daily and brushing with a soft bristled toothbrush. Women experiencing persistent bleeding from the gums should contact their dentist.
- Braxton Hicks contractions. During the second trimester, the uterus may begin flexing to build up strength. As a result, a woman may feel contractions in her lower abdomen and groin. These contractions, known as Braxton Hicks contractions, are usually painless and unpredictable. Women should immediately contact their ObGyn when contractions become painful or regular. This may be a sign of **premature labor**.
- Glowing skin. Pregnant women may experience a “healthy glow” resulting from the increase of blood circulation.

Major developments in the fetus continue to occur during this trimester, including the

complete formation of many chief organs, such as the heart. In addition, the mother may be able to feel the fetus move.

Major fetal developments during the second trimester include:

Week 14

- The fetus's gender can often be identified during an ultrasound
- The fetus is able to hear

Week 16

- The fetus's fingers are able to grasp
- The fetus moves more vigorously, and the mother is able to feel it
- The fetus's body begins to fill out as the result of fat depositing beneath the skin
- Hair emerges on the head and skin, including eyebrows and eyelashes
- The placenta (the organ that connects the fetus to the uterus to provide oxygen and nutrients and to remove waste products) is completely formed

Weeks 23–24

- The fetus is potentially capable of surviving outside the uterus

### Third trimester

The third **trimester** of pregnancy lasts from week 25 to **delivery**. During this time, many of the discomforts from the second trimester may remain. As the result of a growing **fetus** placing additional pressure on the maternal organs, existing conditions may worsen and new conditions may develop. In addition, the fetus's size and position may make it difficult for a woman to get comfortable. Most of these conditions, however, disappear or lessen after delivery. Common changes and symptoms of the second trimester include:

- Expanding abdomen. The **uterus** is continuing to enlarge. By the 36<sup>th</sup> week of pregnancy, the uterus extends to the lower edge of the rib cage. The expanding abdomen often causes the naval to bulge.
- Heartburn and indigestion. Heartburn and indigestion are common during pregnancy, even for those who have never experienced these conditions before. Although they can occur at any time during pregnancy, they typically occur during the third trimester. As the fetus grows, it causes the uterus to push on the stomach. This can result in acid reflux (backflow of stomach acid into the esophagus) and heartburn, particularly after a meal.

In addition, changes in **hormone** levels may slow the digestion process and relax the muscles that keep the stomach acids in the proper place. As a result, stomach acids reflux, causing a burning sensation in the throat and chest. Women may benefit from avoiding spicy, fried or fatty foods and eating smaller, more frequent meals. Women should contact their **obstetrician–gynecologist** (ObGyn) when they experience severe or persistent heartburn that does not respond to these treatments.

- Swelling. The body produces and retains additional fluid during pregnancy. As a result, many woman experience slight swelling. It is especially common in the last few months of pregnancy. Swelling most often occurs in the legs, feet and ankles, but also may occur in the hands and face. Pressure from the uterus on the veins that return blood from the feet and legs may also cause swelling in the feet and legs.

Women may benefit from drinking fluids and placing a cold compress on affected areas. Patients with swollen legs or ankles may benefit from wearing a larger shoe size and resting whenever possible with their feet elevated. Women experiencing sudden or extreme swelling of the feet, ankles, hands and face, or sudden weight gain, should immediately contact their ObGyn. It may be a sign of **preeclampsia**, a serious **pregnancy complication**.

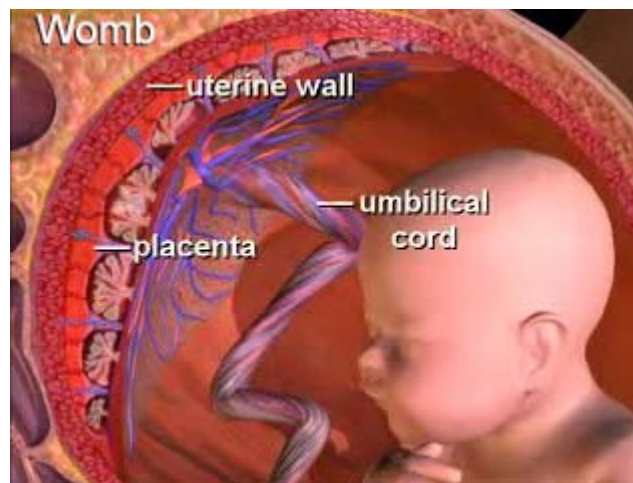
- Continued breast growth. Most women experience breast growth throughout pregnancy. During the late stages of pregnancy, hormones cause the breasts to grow even larger in preparation for **breastfeeding**. By the third trimester, a woman may have an additional one to three pounds (1.4 kilograms) of breast tissue. This may result in tenderness and discomfort. Women may benefit from wearing a more supportive bra, such as a nursing or maternity bra.
- Leaking breasts. As the breasts continue to prepare for breastfeeding, an expectant mother may begin to leak *colostrum* (a type of milk) in the third trimester. Colostrum is an early rich precursor to the normal breast milk that the body produces. Women with leaking breasts may benefit from placing disposable or cloth nursing pads in their bras.
- Aches and pains. Expansion of the uterus and the abdomen may cause pains in the abdomen, groin or thighs. Pressure from the fetus's head, increased weight and loosening joints can also cause backaches or aching near the pelvic bone. Backaches may also result from strain on the muscles that support the spine. Women may benefit from lying down, resting, sitting in chairs with good back support and applying heating pads or ice packs to the affected area.

Women should contact their ObGyn when pains do not improve after resting or when back pain is accompanied by fever (a sign of infection and other complications). Physicians should also be immediately notified when a patient experiences moderate or severe **pelvic pain** or any degree of pelvic pain that lasts more than four hours.

- Varicose veins. During pregnancy, pressure is placed on the large veins located behind the uterus. This slows the return of blood to the heart and puts pressure on the veins, causing them to swell. As a result, varicose veins may develop. These veins look swollen and cause pain. They may appear to be twisted, bulging and dark purple or blue in color. During pregnancy, varicose veins most often develop on the back of the calves, thighs and **vagina**. Women may benefit from avoiding long periods of standing, lying on their side and sitting with their legs and feet raised whenever possible.
- Hemorrhoids. Hemorrhoids are varicose veins in the rectum. Although they may occur at any time during pregnancy, they are most common during the third trimester due to the increased pressure of the growing fetus on the veins in the rectum. Constipation may also contribute to their development. Hemorrhoids can cause itching, soreness and bleeding. Women may benefit from drinking a large amount of fluids, increasing fiber consumption and eating whole grains, fruits and leafy green vegetables. Women should also avoid straining for bowel movements.
- Shortness of breath. Pregnant women may experience shortness of breath, as the result of the uterus expanding beneath the diaphragm (the muscle below the lungs). Patients may benefit from taking long, deep breaths. Maintaining good posture is also beneficial because it gives the lungs room to expand. At night, women are encouraged to use an extra pillow or sleep on their left side. Pregnant women should contact their ObGyn when they experience shortness of breath accompanied by chest pain or a cough.
- Hair changes. Pregnancy can cause changes in the texture and growth rate of hair. In many cases, pregnant women develop thicker hair during pregnancy. This is the result of hormones causing hair to grow faster and fall out less. Others notice that their hair changes color, or that it is drier or oilier than normal. In addition, some women grow hair in unwanted places, such as the face, abdomen and around the nipple. These changes usually disappear after delivery.



- Changes in nail condition. During pregnancy, hormones can cause nails to grow faster and become stronger. In some women, however, the nails may become more prone to breakage and splitting. These changes usually disappear after delivery.
- Spider veins. The increased blood circulation during pregnancy can lead to the development of small reddish spots on the face, neck, upper chest or arms. These spots are commonly referred to as spider veins because they appear to sprout tiny blood vessels that resemble the legs of spiders. These marks, which are especially common among women with fair skin, usually fade or disappear after delivery.
- Increased perspiration. Pregnant women often experience increased perspiration. This is the result of growth and movement by the fetus. During hot weather, pregnant women may benefit from resting, drinking cold liquids and taking cool showers. This can prevent overheating.
- Stretch marks. Stretch marks are red, pink, or purple streaks in the skin caused by the stretching of the skin. These scars, which usually appear over the thighs, buttocks, abdomen and breasts, most often develop in the second half of pregnancy. According to the National Women's Health Information Center, approximately half of all pregnant women get stretch marks. Following delivery, most stretch marks fade to light lines.
- Changes in skin color. During the second half of pregnancy, hormonal changes may cause the skin to darken. Some woman may develop darker nipples or a dark line running from the naval to the pubic hairline (*linea nigra*). Pregnancy may also cause blotchy brown pigmentations to appear on the nose, forehead or cheeks. They may also appear over the eyes. Known as *melasma* or *chloasma* (mask of pregnancy), these changes are particularly common among women with dark hair and pale skin. Most of these skin changes fade or disappear following delivery.
- Rashes. During late pregnancy, some women may develop itchy red bumps on the abdomen. Although they are harmless, these bumps can spread to the buttocks, arms and legs, causing discomfort. The rash normally disappears following delivery.



By the 26th week of pregnancy, the fetus is about 13 inches (330 millimeters) long and weighs approximately 1  $\frac{3}{4}$  pounds (794 grams). It will continue to grow and move, however, activity may be decreased due to the fact that the fetus now has less room. During this trimester, the expectant mother's body will begin preparing for labor and delivery and the fetus will start moving down into the birthing position. As a result, the woman may notice the fetus moving down (dropping or a process called lightening) in the abdomen. By the end of the trimester, the average fetus is about 20 inches (508 millimeters) long and weighs about 7 pounds (3 kilograms).

Major developments in the fetus during the third trimester include:

Week 25 to 37

- The fetus is active, moving around often
- The lungs continue to develop
- The fetus's head moves into the required position for delivery

Weeks 37–42

- Delivery

## **Questions for your doctor regarding pregnancy**

Preparing questions in advance can help patients to have more meaningful discussions with their physicians regarding their conditions. Patients may wish to ask their doctor the following pregnancy–related questions:

1. How long does pregnancy typically last?
2. What changes or symptoms are normal to experience during the first trimester?
3. What changes or symptoms are normal to experience during the second trimester?
4. What changes or symptoms are normal to experience during the third trimester?
5. Will most of the changes I experience during pregnancy go away after delivery?
6. What developments are taking place during the first trimester?
7. What developments are taking place during the second trimester?
8. What developments are taking place during the third trimester?
9. When will I be able to feel my baby move?
10. What are some safe and effective treatments for the side effects of pregnancy?
11. What kind of exercise is safe for me to perform during pregnancy?

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